

**FOURTH ON-SITE CORRECTIVE ACTION PLAN
ASSESSMENT**

of

JEFFERSON CORRECTIONAL INSTITUTION

for the

Physical and Mental Health Survey
Conducted July 10-11, 2013

CMA STAFF

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CAP Assessment of Jefferson Correctional Institution

I. Overview

On July 10-11, 2013, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Jefferson Correctional Institution (JEFCI). The survey report was distributed on August 9, 2013. In September of 2013, JEFCI submitted and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the July 2013 survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days. On February 18, 2014, CMA staff conducted an on-site CAP assessment to evaluate the effectiveness of corrective actions taken by institutional staff to address the findings of the July 2013 survey. The CAP closure files revealed sufficient evidence to determine that 55 of the 73 physical health findings and 19 of the 31 mental health findings were corrected. CMA staff conducted a second on-site CAP assessment on June 26, 2014 to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. The CAP closure files revealed sufficient evidence to determine that 14 of the 18 physical health findings and 8 of the 23 mental health findings were corrected. On October 17, 2014 CMA staff conducted a third on-site CAP assessment to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. The CAP closure files revealed sufficient evidence to determine that 4 of 4 physical health findings and 13 of 15 mental health findings were corrected. Lastly, one mental health CAP finding was added for monitoring and corrective action. On January 28, 2015, CMA staff requested access to monitoring documents to assist in determining if an on-site or off-site assessment should be conducted. Based on the documents provided, the CMA conducted an on-site CAP assessment on February 26, 2015 to evaluate the effectiveness of corrective actions taken by institutional staff to address the remaining findings. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

II. Physical Health Assessment Summary

All physical health findings were closed during the third CAP assessment.

III. Mental Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 2 of the 3 mental health findings were corrected. One mental health finding will remain open.

Finding	CAP Evaluation Outcome
<u>SELF-HARM OBSERVATION STATUS (SHOS)</u> MH-1(b): In 6 of 11 SHOS admissions reviewed, the documentation did not indicate that the inmate was observed at the frequency ordered by the clinician.	MH-1(b) OPEN Adequate evidence of in-service training was provided, however a review of randomly selected records indicated that an acceptable level of compliance had not been reached, therefore MH-1(b) will remain open.

Finding	CAP Evaluation Outcome
<p><u>USE OF FORCE</u></p> <p>MH-2(b): In 9 of 12 records reviewed, there was no indication in the medical record that mental health staff interviewed the inmate no later than the next working day.</p>	<p>MH-2(b) CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close MH-2(b).</p>

Finding	CAP Evaluation Outcome
<p><u>SELF-HARM OBSERVATION STATUS (SHOS)</u></p> <p>CF-1: In 3 of 3 records, the inmate was not evaluated by the 4th day of admission to determine the need for a transfer to a Crisis Stabilization Unit.</p>	<p>CF-1 CLOSED</p> <p>Adequate evidence of in-service training and documentation of correction were provided to close CF-1.</p>

IV. Conclusion

All physical health findings are closed. MH-1(b) will remain open and all other mental health findings will close. Until such time as appropriate corrective actions are undertaken by JEFCl staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an on-site visit.